PTO/SB/17 (01-06)

Approved for use through 07/31/2006, OMB 0651-0032

AUG 2.4 2006 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ons are required to respond to a collection of information unless it displays a valid OMB control number U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no page 1995 no

Fees pursuant to the	Consolidated Appropriations Ac 4905 (H.R. 4948)
FEE	Consolidated Appropriations AC 1995 (H.R. 4995) TRANSMITTAL
	For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	225.	00
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Complete if Known				
Application Number	10/617,054			
Filing Date	July 10, 2003			
First Named Inventor	Dr. Jerzy Bala	-		
Examiner Name	Samuel G. Rimell			
Art Unit	2164			
Attorney Docket No.	53372-400290			

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METHOD OF PAYMEN	IT (check al	l that apply)					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 19-1351 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (A	All the fees	below are	due upon filin	g or may be	subject to	a surcharge.)
1. BASIC FILING, SEA	FILING	FEES Small Entity	SEARCH S	mall Entity		TION FEES	Fees Paid (\$)
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	rees raid (3)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 25 100 100 180					Fee (\$) 25		
Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
20 or HP =		x	=			Fee (\$)	Fee Paid (\$)
HP = highest number of tota Indep. Claims - 3 or HP =	Extra Clai	ms Fee	(\$)	nid (\$)			-
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = / 50 = (round up to a whole number) x = Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g., late filing surcharge): Two-Month Extension Fee \$225.00							

SUBMITTED BY Registration No. 48,244 Telephone (312) 460-5000 Signature (Attorney/Agent) Date 8-21-06 Name (Print/Type) Christopher S. Hermanson

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PETITION FOR EXTENSION OF		Docket Number (Optional) 53372-400290			
OIPE	In re Application of Dr. Jerzy Bala				
AUG 2 4 2006	Application Number 10/617,054	Filed July 10, 2003			
A00 2 4 2000	Knowledge Inferencing and Date	a Visualization Method and System			
PADEMAR	Group Art Unit 2164	Examiner Samuel G. Rimell			
This is a request under the provisions or reply in the above identified application.	37 CFR 1.136(a) to extend the pe	eriod for filing a			
 The requested extension and appropria (check time period desired): 	e non-small-entity fee are as follo	ws			
☐ One month (37 CFR 1.17(a)(1))	\$			
	a)(2))	\$ 450.00			
☐ Three months (37 CFR 1.17	?(a)(3))	\$			
☐ Four months (37 CFR 1.17)	a)(4))	\$			
☐ Five months (37 CFR 1.17(a)(5))	\$			
 ✓ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 225.00 ✓ A check in the amount of the fee is enclosed. 					
☐ Payment by credit card. Form PT	O-2038 is attached.				
application to a Deposit Account.	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.				
∑ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-1351 I have enclosed a duplicate copy of this sheet.					
I am the ☐ applicant/inventor					
 □ assignee of record of the entire interest. See 37 CFR 3.71. □ Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). □ attorney or agent of record. 					
attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)					
WARNING: Information on this fo be included on this form. Provide					
8-21-06	Clu	Neur			
Date	-	Signature			
08/24/2006 JBALINAN 00000051 10617054	Christopher	S. Hermanson, Reg. No. 48,244			
A4 F0 0050		Typed or printed name			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
☐ Total of 1 forms are submitte	d.				

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.